2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# N00000001248

Entity Name: FLORIDA KEYS WILDLIFE RESCUE INC.

Current Principal Place of Business:

1388 AVE B
BIG PINE KEY, FL 33043

New Principal Place of Business:

Current Mailing Address:

1388 AVE B
BIG PINE KEY, FL 33043

New Mailing Address:

FEI Number: 65-0993931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOTMAN, PAUL A
1388 AVE B
BIG PINE KEY, FL 33043 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: TOTMAN, MAJA
Address: 1388 AVE B
City-St-Zip: BIG PINE KEY, FL 33043

Title: D ( ) Delete
Name: TOTMAN, PAUL A
Address: 1388 AV B
City-St-Zip: BIG PINE KEY, FL 33043

Title: D ( ) Delete
Name: QUEEN, LAURA
Address: 9300 OVERSEAS HWY
City-St-Zip: TAVERNIER, FL 33070

Title: C ( ) Delete
Name: CLARK, JOHN
Address: 281 WEST INDIES DRIVE
City-St-Zip: RAMROD KEY, FL 33053

Title: DVM ( ) Delete
Name: SARGENT, LOIS DR
Address: PO BOX 521801
City-St-Zip: MIAMI, FL 33152

Title: SECR ( ) Delete
Name: LINDA, GOTTWALD
Address: 10803 6TH AVE
City-St-Zip: MARATHON, FL 33050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change ( ) Addition
Name: QUEEN, LAURA
Address: 9300 OVERSEAS HWY
City-St-Zip: TAVERNIER, FL 33070

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYA TOTMAN D 01/11/2009
Electronic Signature of Signing Officer or Director — Date